

**Village of Dunlap Paint Program  
Owner Consent Form**

Owner's Contact Information:

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

Village of Dunlap  
104 N. Second Street  
P. O. Box 17  
Dunlap, IL 61525

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I, \_\_\_\_\_, am the sole owner of the property located at

\_\_\_\_\_, in the Village of Dunlap. Currently, \_\_\_\_\_

leases or rents this property from me.

I am aware that \_\_\_\_\_ plans to participate in the Village of Dunlap Paint Program. I fully support his/her efforts to improve the appearance of my residential structure(s). Furthermore, I agree to participate in any necessary procedures in order to receive financial assistance by the Village of Dunlap for the repainting of my residential property. I hereby consent to the tenant mentioned above participating in this program and receiving the entire reimbursement from the Village.

Sincerely,

\_\_\_\_\_  
Property Owner or Authorized Representative

\_\_\_\_\_  
Authorized Representative Relationship to Property Owner (if applicable)